

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT? Yes

assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	+		the second second
1. Full Name of Committee (as on Statement of Organization) Check if this is a new RE ELECT WARD SURVETOR		STRUCTIONS FOR CANDIDATES AND	SPECIAL IN
2. Acronym or Abbreviated Name (if any)	and the state of t	ee Telephone Number	A MIATRISO
The first of the second	(317	773-87	357
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is	a new address	on masked more line vious reporting period
5. City, State, ZIP Code	6. Party Aff	iliation (if applicable)	holleme
NOBLESVILLE, IN 46060		PUBLICA	4
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (include any nickname)	8. Party Aff	liation or If Independent	the party of the p
KENTON C. WARD	KE	PUBLICA	N
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	. 1	of Residence	THIS AN AMERICAN
HAMILTON COUNTY SURVEYOR	H	AMILTON	
TYPE OF REPORT			CANDIDATES ONLY
11. Check one:		Check one:	Common accustomatics
Pre-Primary Pre-Election Annual Nomination Other	W winners will	Pre-Conve	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statemen	nt of Organization)	☐ Post-Conv	ention
12. Reporting Period:	7000	COLUMN A This Period	COLUMN B Year to Date
From: JANUARY 1, 2005 Through: DECEMBER 3		Direction of the latest and the late	
13. Cash on hand and investments at the beginning of this reporting period.		790732	70-11-01
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			7907.32
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)			P clus four
15b. Unitemized	th structures	ului antiga a m	
15c. Add lines 15a and 15b in both columns	BTOTAL	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	7907.32	7907.32
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	to affect to		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	a job er to erly	850.00	850,00
17b. Unitemized	10 100to 0.00 I	20.00	20.00
17c. Add lines 17a and 17b in both columns	JBTOTAL	870.00	870.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL		7037.32
19. Debts OWED BY the committee (use Schedule D)	of yet tripular i	-0-	
20. Debts OWED TO the committee (use Schedule E)	AUG TO HOUSE	-0-	
CERTIFICATION		200	D VEELE LISE OF
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	S TRUE CORRECT		R OFFICE USE ONLY
Signature on File	J INUE, CONNEC	AND COMPLETE.	구
		9	E

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WARNING? Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to -



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Imittee's recording to list the full name of the controutor.	Other Receipts: Interest Loan Misc. (specify)	des entities that loutor's name in	nittee). This inch i entenng a cont	ORTANT: Wite
Contributor's Occupation (if required)	gerp er observatel odet to	abiyibni yas to a	er the occupation	SUPATION: En
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Contributor's Occupation (if required)			bohed pain	lets for this rep.
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Contributor's Occupation (if required)	Misc. (specify)	e check or mone contributions are	it belidogeb set ert andudunn	late the consmitted. For cast, or
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Contributor's Occupation (if required)	LAST PAGE ONLY: En		GES ON SCHE	AL OF ALL PA
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Contributor's Occupation (if required)				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	sons, including in-land, transfers-in or other at the entry in Column A.	Misc. (specify)	NR-TO-DATE: En	MULATIVE YE	COLUMN B CI
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		Other Receipts: Interest Loan Misc. (specify)			e ee aa muu (A)
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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2.	direct story For "miscellaneous" be as including in-kind, transfers-in or other	Contributions: Direct In-Kind (describe)	such as vard sid	awice convided	e dissoq es bi
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	mailings etc.). For 'miscellaneous', be as	Other Receipts: Interest Loan Misc. (specify)	(such as years)	service provide	to foutiong lase
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committee MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND		TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
HAMILTON COUNTY REPRELICAN PARTY 255 S. 10 TH ST RIOBLES WILLE, MORE	Campage Surveys and Polis – In with one design and ps reports, voter surveys, car our raw vote covers Postage – moluding ols mail surveys and deli-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2502	t a beviscer as enupri prince mont manefilit a land Abadi mane principimonio iam	2/18
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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PUBLIC QUE	ESTION INFORMATION		
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Type of Question: Statewide Local			
Position: Supported Opposed		ID MAJUNG ADDRESS I	ENT'S NAME A.
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street; number, city; state, ZIP code)		COLUMN A COLUMN B CUMULATIVE PERIOD YEAR-TO-DATE	
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	7a of the Summary Sheet) \$	0	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)



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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount.

OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT		OUTSTANDING BALANCE THIS	
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